North West **LHIN**

An Opportunity for Real Change

2007-2008 Annual Report

Ontario
Local Health Integration Network

On the Cover:

2007-08 was a pivotal year for seniors' health care in the North West LHIN with the announcement of the province's Aging at Home Strategy (page 15) and the Centre of Excellence for Integrated Seniors' Services in Thunder Bay (page 12).

Local Health Integration Networks

The launch of Local Health Integration Networks (LHINs) in 2005 marked a significant change in health care in Ontario. Ontario's health care system changed from being centrally managed to being locally managed through 14 LHINs, each dedicated to serving its own area. The benefits of the LHINs are many. LHINs bring health care planning closer to home so that local needs can be reflected more easily. They allow for flexible solutions to health needs and enable greater opportunities for continuous and meaningful engagement with the communities they serve and the health service providers that deliver the care.

In order to do all of this, each LHIN has created an Integrated Health Services Plan (IHSP), a blueprint for the health care needs of their community from 2007–2010. The North West LHIN's IHSP incorporated the input and advice of more than 2,500 community residents and health service providers. We are now carrying out this plan in concert with our health service providers, partners and communities.

Our LHIN, Our People

The North West LHIN is responsible for planning, integrating and funding many local health services in Northwestern Ontario including hospitals, the Community Care Access Centre, community health centres, long-term care homes, community support service agencies and community mental health and addiction services.

The North West LHIN covers 47% of Ontario's total land mass and is home to 235,046 people (2006), or just 2% of Ontario's population. Our population density of 0.5 people per square kilometre is the lowest in the province.

Our boundaries extend from just west of White River to the Manitoba border and from Hudson Bay in the north to the United States border. Portions of our population live in remote areas (the majority of whom are Aboriginal[1]) with road access only in the winter; others are accessible only by air year-round.

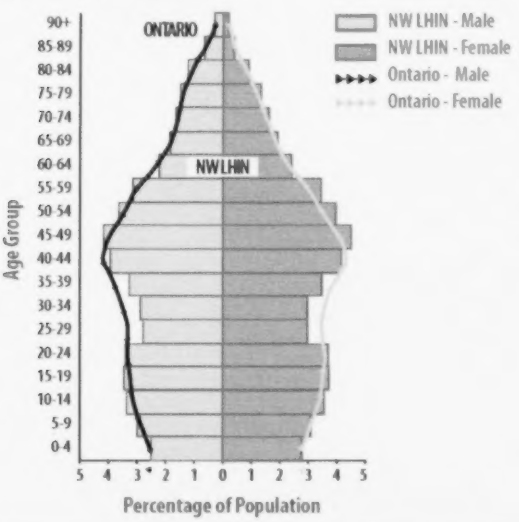
Our communities are spread across 458,000 square kilometres which makes planning, delivering and accessing health services within the northwest challenging. However, the relationships and innovation in our region create opportunities. Together with our partners, the North West LHIN will make the most of every opportunity as it works toward its vision for the northwest: *Healthier people, a strong health system – our future.*

[1]Including First Nations, Métis and Inuit

Our Population

- Between 2001 and 2006, the population of the northwest declined by 1.2%; the population of Ontario increased by 6.6% during this time.
- The percentage of those aged 10 to 19 exceeds the provincial average. However, the smaller percentage of 25 to 39 year olds in the northwest relative to the province suggests young adult out-migration.
- 19.8% of those in the northwest identify as Aboriginal[2]. This is the highest of the 14 LHINs and much higher than the provincial average of 2.0%.
- The proportion of residents who are Francophone is similar to the province as a whole (4.1% versus 4.7%).
- The northwest is in the lowest quartile (at 64.9%) in Ontario for percentage of population in the labour force.
- We have a higher proportion of residents with lower academic achievement compared to the province: more people with less than a grade 9 education (10.6% vs. 8.7%), more without a high school graduation certificate (32.0% vs. 25.7%) and fewer having completed post-secondary education (43.9% vs. 48.7%).
- Daily smoking and heavy drinking rates are significantly higher in the North West LHIN relative to the province, as is the prevalence of being overweight/obese. These risk factors help explain our higher burden of disease.

Comparison of North West LHIN and Ontario Population Distribution



Health Population Profile

- Fewer of our residents report their health as "excellent" or "very good" (51.0%) compared the province as a whole (57.4%).
- A significant proportion of residents (37.5%, compared to 29.4% provincially) report their activities are limited because of a physical or mental condition or health problem which has lasted or is expected to last longer than six months.
- Life expectancy among males and females in the northwest is the lowest in the province.
- In 2001 the age standardized rate of deaths due to suicide for northwest residents was more than double the provincial average and much higher than in any other region.
- Northwest residents report higher than average rates of chronic diseases, including diabetes, heart disease, high blood pressure, arthritis/rheumatism and asthma.

Aboriginal Health

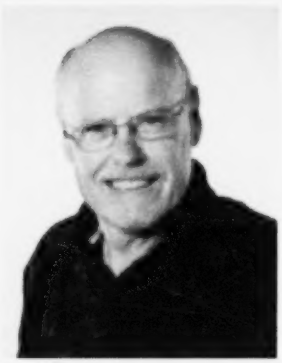
- Life expectancy at birth for the Registered Indian population was estimated to be 7.4 years less for males and 5.2 years less for females compared to the overall Canadian population's life expectancies.
- In First Nations, potential years of life lost from injury was more than all other causes of death combined and was almost 3.5 times that of the Canadian rate.
- While First Nations people are hospitalized at a higher rate for most conditions when compared to the Canadian, the hospitalization for respiratory diseases, digestive diseases, and injuries and poisonings are approximately two to three times higher than Canadian rates.
- The age-standardized prevalence of diabetes among Aboriginals is at least three times that of the general population.

Number of Health Care Facilities and Programs Funded by the North West LHIN

Community Care Access Centre	1
Community Health Centres	2
Community Mental Health & Addictions Services	55
Community Support Services	90
Long-Term Care Homes	14
Hospitals	13
Total	175[3]

[2] Population estimates are based on Statistics Canada 2006 Census data and may under-represent the First Nations population.
[3] The North West LHIN provides funding to 104 health service providers, some of which are funded for more than one program.

Message from the Chair and CEO



John Whitfield
Chair

Gwen DuBois-Wing
Chief Executive Officer

This annual report marks our first with full authority as a Local Health Integration Network. On April 1, 2007, the North West LHIN became responsible for funding many health services within the northwest. This allowed the North West LHIN to address its full mandate of planning, integrating and funding local health services.

LHIN-funded health service providers now negotiate their budgets and sign accountability agreements with their LHIN instead of with the Ministry of Health and Long-Term Care. Negotiations started with the hospitals in 2007-08, with the other sectors to follow over the next few years.

The North West LHIN is poised for real change, building on the solid foundation laid in 2007 through the teamwork and support of many health service providers and individuals on our Advisory Teams. There are now 10 stakeholder groups working with and advising the North West LHIN on priorities for change to the health system in the region. Thank you to all of those who continue to advance health system transformation in the northwest.

Significant advancements were made in the North West LHIN this year. One of the biggest was the announcement of the Centre of Excellence for Integrated Seniors' Services (CEISS). The routine re-building of long-term care beds in Thunder Bay was transformed into an incredible opportunity – a project creating a true continuum of services for seniors. With supportive housing, Community Care Access Centre services, community support services and long-term care, including behavioural beds for residents from across the LHIN, the CEISS is a perfect fit with the province's new Aging at Home Strategy.

Real change is taking shape with chronic disease prevention and management (CDPM) in the region. The CDPM Advisory Team is getting very close to completing a three year work plan for the LHIN. A great deal of education and training has taken place in chronic disease self-management to enhance our capacity to help residents independently manage their illness.

Northern Ontario continues to be a leader in e-Health. Integration of e-Health is a priority for the northwest to serve as an enabler for the other priorities outlined in the IHSP. The Northern Ontario Health Information and Communication Technology Blueprint was completed in 2007, providing a great opportunity to improve system-level communications and patient care through shared tools and processes. The North West and North East LHINs have opened the Northern Ontario e-Health Office dedicated to advancing this work.

To set the stage for real change, the LHIN has been harnessing the knowledge and experience of experts to share with our health system partners. Two exciting forums were offered in March 2008. The first provided attendees the opportunity to connect with thought leaders from the priority areas for change

identified in the IHSP. The second event was an Aboriginal forum which brought together people from throughout the LHIN to share information and plan for working together. Feedback from both events was extremely positive.

Our relationships and innovation are things we pride ourselves on in the northwest. We do things differently, often out of necessity, to find solutions that work for our people and communities. There are many opportunities to expand on and improve current innovations and to identify new initiatives to improve access to and navigation between health services offered in our LHIN. Innovation and integration will be our focus in 2008.

The number of innovations from the North West LHIN highlighted at the 2007 Celebrating Innovations in Health Care Expo was a real testament to the creative and innovative thinking taking place in our health system. There were a total of seven exhibitors, including a Minister's Award winner. The North West LHIN continues to be recognized for innovation, with 15 agencies/projects featured at the 2008 Expo and three innovative projects highlighted at the Aging at Home Innovations Showcase.

We continue to build on the extensive community engagement activities used to identify priorities for the North West LHIN's Integrated Health Services Plan (IHSP). Countless numbers are involved in community engagement sessions (roundtables, focus groups, forums, meetings, etc.) related to addressing the priorities outlined in the IHSP, in the committees we have initiated to focus on specific areas, and in broadly distributing information.

By working together, we can achieve the North West LHIN's vision Healthier people, a strong health system—our future. We look back proudly on the accomplishments of 2007 and look forward to the work that is well underway and will continue throughout 2008!

Photo courtesy of K. Heikkinen

Mission, Vision and Values

The Mission, Vision and Values for the North West LHIN, developed by the Board of Directors, provide direction and guide our activities.

Our Mission

Develop an innovative, sustainable and efficient health system in service to the health and wellness of the people of the North West LHIN.

Our Vision

Healthier people, a strong health system – our future.

Our Values

1. Person-Centred
2. Culturally Sensitive
3. Sustainable
4. Accountable
5. Collaborative
6. Innovative

Our North West LHIN Board of Directors

The North West LHIN is governed by an appointed Board of Directors and has an Accountability Agreement with the Ministry of Health and Long-Term Care. Board members possess relevant expertise, experience, leadership skills, and have an understanding of local health issues, needs and priorities.

The Board of Directors is accountable, through the Chair, to the Minister of Health and Long-Term Care for the LHIN's use of public funds, and for its results in terms of goals and performance of the local health system. Directors are appointed by Order-in-Council for a term of one to three years, subject to a six-year maximum. Currently, the North West LHIN has 8 of its 9 members.

Photo courtesy of D. Barney

Members of the Board

Dr. John Whitfield, *Chair*
Thunder Bay

Term: June 6, 2005
to March 31, 2008+

Janice Beazley, *Vice Chair*
Fort Frances

Term: June 1, 2005
to May 31, 2008*

Ennis Fiddler, *Secretary*
Sandy Lake

Term: June 1, 2005
to May 31, 2008*

Kevin Bähm
Terrace Bay

Term: January 5, 2006
to January 4, 2008
Reappointed to
January 30, 2011

Marleen Wong
Kenora

Term: January 5, 2006
to January 4, 2008
Reappointed to
January 4, 2011

Chantelle Bryson
Thunder Bay

Term: May 17, 2006
to June 16, 2007
Reappointed to
June 16, 2010

Bob Gregor
Marathon

Term: May 17, 2006
to May 16, 2008
Reappointed to
May 16, 2011

Judy Morrison
Fort Frances

Term: May 17, 2006
to June 16, 2007
Reappointed to
June 16, 2010

+resigned effective March 31, 2008 *recommended for reappointment

Engaging Our Communities

Community engagement continues to be a priority for the North West LHIN, providing information that is used when identifying health system priorities, opportunities to develop new partnerships and work together, and innovations to overcome challenges.

Between April 1, 2007 and March 31, 2008, the North West LHIN hosted over 150 sessions (including forums, roundtable discussions, meetings, workshops and training) for over 2,500 participants. Given the interconnectedness of our health system, stakeholders include health service providers; community members and leaders; educators; municipal, provincial and federal government officials; other ministries and jurisdictions; and other funding agencies. Sessions focused on issues such as advancing the priorities outlined in the North West LHIN's *Integrated Health Services Plan (IHSP)*, Hospital Service Accountability Agreements, Aging at Home, the Centre of Excellence for Integrated Seniors' Services and other LHIN activities. The LHIN continues to share information broadly through our newsletter, *LHINkages*, and our website.

To date, the majority of feedback has been very positive. Where there are suggestions for improvement, we continue to modify and improve our community engagement activities.

The North West LHIN continues to evaluate sessions using evaluation forms and providing opportunities for feedback. To date, the majority of feedback has been very positive. Where there are suggestions for improvement (often environmental), we continue to modify and improve our community engagement activities. Working with Dr. Julia Abelson, McMaster University, the North West LHIN will develop evaluation tools for monitoring and reporting the effectiveness of its community engagement activities.

New Approaches

To increase the reach of our engagement, the North West LHIN continues to be innovative in its delivery and collection of information. In the winter of 2007, we hosted our first photography contest *Show Us Your Vision*, resulting in over 500 local images to be used in our many publications and presentations.

Approximately 50 individuals (mostly community members) who took part in the contest requested ongoing information from the LHIN. Presentations from our March forum *An Opportunity for Real Change: Advancing Health System Transformation in the North West LHIN* have been posted on our website using YouTube, allowing for easy viewing in the LHIN and beyond. A videoconference speaker series, featuring experts in a variety of areas, is to be launched in June 2008. Access to the sessions' discussions and materials will be maximized through the videoconferencing and archiving of the sessions on the North West LHIN website.

New Partners

The North West LHIN continues to partner with individuals, groups and organizations within and outside of Northwestern Ontario. The North West LHIN has initiated a number of Advisory Teams, Committees and Work Groups to advance the priority areas identified in the IHSP. We continue to partner with health service providers in a number of ways, including those which are not funded by the LHIN such as public health units, physicians and provincial programs.

With an affiliation agreement signed between the Northern Ontario School of Medicine and the North West and North East LHINs, we continue to seek opportunities for working together. We also continue to engage faculty and students from Lakehead University and Confederation College.

Aboriginal and Francophone Community Engagement

Engaging Aboriginal and Francophone communities in the Northwest continues to be a priority. LHINs are also mandated to engage Francophone and Aboriginal populations in the form of planning entities, as outlined in the Local Health System Integration Act (LHSIA). Although the entities are not in place provincially, the North West LHIN continues to engage communities and leaders at a local level. Following the community engagement that informed the development of the North West LHIN's IHSP, ongoing engagement has occurred in the form of roundtable discussions, meetings and forums.

The North West LHIN will continue to engage stakeholders from across the LHIN in planning, priority-setting and decision-making processes and work with partners in other LHINs and jurisdictions to advance health system transformation in the northwest.

Building on a Solid Foundation

Leveraging the building blocks in 2007

The North West LHIN is laying the foundation for health system transformation in Northwestern Ontario. On April 1, 2007, we became responsible for funding and monitoring the 104 health service providers accountable to the North West LHIN.

Everything the North West LHIN does is tied to advancing the IHSP priorities. Our main focus is to move the IHSP forward to improve the health care system for our residents with the help and input of our partners. Below is a snapshot of how the IHSP progressed in 2007, summarized by priority:

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Access to Primary Health Care

Access to primary care affects the entire health care system. We are building on our engagement with physicians, nurse practitioners and other health professionals providing primary health care. We have partnered on a number of activities with the Family Health Teams[1] (FHTs) and Public Health Units and continue to engage our partners at Community Health Centres, Aboriginal Health Access Centres and clinics.

A Health Human Resources (HHR) Roundtable, with 12 members from across the region, has been established to identify and explore opportunities to improve access to primary care physicians and health care providers in the northwest. Dr. Shaun Visser, appointed the North West LHIN's Emergency Department Lead, will be working with health care partners in the region to improve patient flow and reduce emergency department wait times and pressures.

Access to Specialty Care/Diagnostics

Three Working Groups - Total Joint, Diagnostic Imaging (CT/MRI) and Cataract Surgery - were established to support initiatives to achieve the North West LHIN Wait Times Strategy targets.

There were a variety of announcements aimed at improving access to specialty care/diagnostics in the North West LHIN including:

- The expansion of cataract surgery at Thunder Bay Regional Health Sciences Centre.
- A new cataract program at Wilson Memorial Hospital in Marathon.
- CT scanners for Dryden Regional Health Centre and Riverside Health Care Facilities in Fort Frances.
- Angioplasty at Thunder Bay Regional Health Sciences Centre.
- The Total Joint Centre, with 10 beds dedicated to patients requiring joint surgery, at Thunder Bay Regional Health Sciences Centre.

Dr. Michael Scott was appointed the North West LHIN's Critical Care Lead to develop plans on the best use of critical care resources within and between hospitals in the LHIN.

Chronic Disease Prevention and Management (CDPM)

An extensive CDPM environmental scan was conducted using focus groups, one-on-one discussions and a random survey to 1,000 households across the region to gauge the current state of CDPM in the Northwest. A CDPM Advisory Team, with 17 members from across the region, has been established to provide advice on the planning and implementation of comprehensive services within the context of the North West LHIN's IHSP.

The North West LHIN hosted three presentations by experts on Chronic Disease Prevention and Management to help advance a strategy in the region. Much attention was given to CDPM self-management. Together with the Dryden Area Family Health Team and Thunder Bay District Health Unit, we hosted CDPM self-management sessions in Dryden and Thunder Bay. To increase capacity in the North West LHIN, we sponsored the Stanford University Chronic Disease Self-management Program. Twenty-eight health professionals from the region received Master Trainer certification qualifying them to train others throughout the North West LHIN area in chronic disease self-management.

Mental Health and Addiction Services

Sixty-four specialized behavioural beds were announced as part of the Centre of Excellence for Integrated Seniors' Services project. These beds will be an

[1]FHTs consist of doctors, nurses, nurse practitioners and other health care professionals who work collaboratively to provide patients' care, as close to home as possible.

important resource for the entire northwest region, supporting the growing number of people with dementia with specialized services in a safe and therapeutic environment.

The North West LHIN's Mental Health and Addiction Services Advisory Team has been finalized and will be providing advice on the planning and implementation of comprehensive mental health and addiction services in the northwest.

Long-Term Care

An exciting seniors' project was announced in the North West LHIN in August 2007. In response to the City of Thunder Bay's pending closure and transfer of 300 municipal long-term care beds to the province in 2009, the Minister announced a **Centre of Excellence for Integrated Seniors' Services (CEISS)** in Thunder Bay. The project realigns existing services and fulfills identified gaps in seniors' health care services in the northwest. Upon completion in 2011, the CEISS will accommodate: 336 new long-term care beds, including 64 specialized behavioural beds for clients from across the region; 132 new supportive housing units; community support services for an additional 120 clients; Community Care Access Centre services for an additional 30 clients; and enhanced services for existing supportive housing units. The Centre of Excellence facilities will be home to many seniors, all who have varying health care needs and will bring provider

Photo courtesy of T. Bowen

expertise together at one site. This type of environment creates an excellent learning setting and offers great potential for research initiatives related to care of the elderly. The CEISS's critical mass and focus on excellence will enhance the region's ability to attract and retain a well-educated workforce, contributing to the region's knowledge community. The North West LHIN, in partnership with St. Joseph's Care Group, established a CEISS Steering Committee which is coordinating the planning and implementation of the project.

> Many initiatives are underway to help seniors receive the right care at the right time and in the right setting...

The North West LHIN is working to improve the flow of seniors from hospital emergency departments and beds to more appropriate care settings. Many initiatives are underway to help seniors receive the right care at the right time and in the right setting, including:

- Increases to home care and community support services;
- The assignment of Community Care Access Centre (CCAC) case managers to Thunder Bay Regional Health Sciences Centre's emergency department to assess and divert senior clients to appropriate community services more effectively;
- A geriatric emergency management program to increase emergency department services for seniors with complex functional and/or psychological challenges; and
- The participation of two joint teams from Thunder Bay Regional Health Sciences Centre and the North West Community Care Access Centre in the Flo Collaborative, an 18-month provincial project to improve care processes related to patient flow from acute care to subsequent care settings.

The government's Aging at Home Strategy was announced (full details under "Special Initiatives"). The North West LHIN is receiving close to $3.4-million in new base funding over the period 2008 to 2011.

A Seniors' Services Advisory Team, with 17 members from across the LHIN, has been set up to be a resource for the planning of seniors' services and to help identify creative and innovative strategies for improving services. Team members have participated in workshops, examined best practices and provided feedback on our Aging at Home plans. This Team will continue to be a key resource in moving the Aging at Home Strategy forward.

e-Health

Significant progress was made in advancing e-Health in Northern Ontario. The North West LHIN is working with the North East LHIN and health service providers to implement a three-phase Blueprint Planning Project. The purpose of the project, which was initiated in 2005, was three fold:

1) Identify the Information and Communication Technology (ICT) needs and strategies of health service providers.
2) Assess the current state of ICT in the broader health system throughout Northern Ontario.
3) Create a tactical plan outlining the priority projects necessary to effectively implement ICT in the northeast and northwest.

A Project Management Office (PMO) was established in the fall to plan, implement and monitor e-Health initiatives across Northern Ontario. Bruce Sutton, Chief Information Officer for Thunder Bay Regional Health Sciences Centre and St. Joseph's Care Group is the North West LHIN's e-Health Lead. An e-Health Advisory Team is being created.

Integration Along the Continuum

A System Integration Committee has been established to provide strategic advice on health system innovation, change and integration to the North West LHIN Senior Leadership Team.

The re-building of long-term care (LTC) beds in Thunder Bay was transformed into a true continuum of services for seniors with the Centre of Excellence for Integrated Seniors' Services project (CEISS). The project provides support services and facility options for seniors across the continuum: from the seniors living independently, to those at home needing minimal support, to those requiring moderate support services, to the elderly who require residential long-term care or specialized behavioural services.

French Language Services

The North West LHIN has maintained an ongoing dialogue with various Francophone stakeholders on improving access to French language services. Our LHINkages newsletters are translated and distributed to our Francophone stakeholders to ensure they are kept informed about the LHIN's progress and activities. A French version of our website is under development.

The North West LHIN co-sponsored a regional summit on health for Francophones in Northwestern Ontario, *Healthy Francophones in our Communities: Achieving Health Together, A Focus on the Prevention and Management of Chronic Diseases* with the Réseau francophone de Santé du Nord de l'Ontario. Approximately 50 participants had the opportunity to learn more about the health of Francophones, the importance of cultural competency, the management and prevention of chronic diseases, and citizen engagement and participation.

Engagement of Aboriginal Peoples

Focus groups were held with Aboriginal stakeholders to begin a dialogue and planning process of an Aboriginal Community Engagement Plan.

On March 27th and 28th, the North West LHIN hosted *Aboriginal Health Forum: Elements of Change* for Aboriginal leaders and caregivers, including First Nation Chiefs, the Métis Nation of Ontario, Health Directors and frontline workers. With over 200 participating from 35 First Nation communities and 66 Aboriginal organizations, this session was the first large event hosted by the LHIN specific to addressing Aboriginal health needs and health system understanding.

The focus of this two-day forum was to initiate and continue building relationships with Aboriginal communities and leaders, to discuss how we (the LHIN and Aboriginal communities and leaders) can work together, and to discuss ways to improve and continue communications. The session provided the opportunity for a number of small group discussions, presentations, question and answer sessions, and group dialogue.

The North West LHIN will continue to work with Aboriginal communities and leaders to advance Aboriginal community engagement and planning.

Health Human Resources

A Health Human Resources (HHR) Roundtable has been established to help identify innovations to improve HRR in the northwest.

The North West LHIN's Health Professional Advisory Committee (HPAC), with members representing various health professions, has been established. This team will assist the LHIN by providing advice on a number of issues focusing on achieving patient-centred health care.

The North West LHIN participated in the Working Group to develop HealthForceOntario's *Interprofessional Care Blueprint* and continues to work closely with HealthForceOntario.

The North West LHIN will receive $3.4-million in new base funding to invest in services and programs to make the Northwest a safe place for seniors to age at home...

Special Initiatives

Seniors – Aging at Home Strategy

George Smitherman, Minister of Health and Long-Term Care, announced the $700-million, three year (2008-11) provincial Aging at Home Strategy in August 2007. By helping seniors live at home independently, reliance on hospitals and long-term care homes will be reduced. The North West LHIN will receive $3.4-million in new base funding to invest in services and programs to make the Northwest a safe place for seniors to age at home, with 20% per cent of the funding to be allocated to innovative projects.

The first step in the Aging at Home Strategy was a planning phase to prepare for implementation in the summer of 2008.

The first step in the Aging at Home Strategy was a planning phase to prepare for implementation in the summer of 2008. The North West LHIN researched and developed a Directional Plan and first year Aging at Home Service Plan.

The North West LHIN engaged more than 350 individuals and groups to share information about the Aging at Home Strategy and to explore and examine the opportunities and challenges for seniors, their caregivers and communities in Northwestern Ontario. Using this input, information from our IHSP and Annual Service Plan, consideration of best practices and population health analysis and planning data, the North West LHIN developed the following Aging at Home Strategy objectives to align with provincial direction and address local needs.

1. Increase support(s) available for seniors and their caregivers.
2. Increase access to community support services for seniors.
3. Improve access to and decrease waits for long-term care home beds.
4. Increase partnerships and collaborative initiatives for integrated and coordinated care for seniors in the community.
5. Increase capacity to support aging at home for seniors, their families and providers.
6. Decrease the length of stay in hospital for seniors.
7. Establish the Centre of Excellence for Integrated Seniors' Services.

This same input was also instrumental in helping to frame the emerging Aging at Home themes. The themes[5] identified include the need for:

- Integrated and coordinated services for seniors;
- Access to services and programs for seniors;
- Services for Aboriginal elders;
- Supports for informal care providers;
- Supports to address safety and security issues;
- Services for seniors' day-to-day activities; and
- Valuing and understanding of aging populations and seniors' care.

On November 21, 2007, the North West LHIN and St. Joseph's Care Group (CEISS partner) co-hosted a special visioning exercise with Dr. Paul Williams, Co-Director of the Canadian Research Network for Care in the Community. Health service providers, seniors and interested community members were exposed to provincial, national and international models and best practices in the delivery of integrated seniors' services. A presentation from the Innovation Centre in Thunder Bay stimulated thinking about innovative and non-traditional approaches to community development opportunities that can support seniors to age at home in their community.

All of this community engagement has laid the groundwork for our call for submissions for Aging at Home initiatives from health service providers and non-traditional partners, which is to take place in May 2008.

Urgent Priorities Fund – IHSP Priorities

All LHINs received funding under the Urgent Priorities Fund initiative from the Ministry of Health and Long-Term Care to address local priorities based on their Integrated Health Services Plans (IHSPs). Funded initiatives were required to support objectives, criteria and parameters defined by the Ministry.

The North West LHIN's share of funding under this initiative was $1,044,564 in 2007/08, to be increased to $1,865,328 in 2008/09.

In November, the North West LHIN issued a Call for Proposals for "Innovations in Coordinated Care" for the Urgent Priorities Fund. The focus of this proposal call was one-time initiatives that support the following North

[5] Not listed in order of priority.

West LHIN's IHSP priorities: Access to Primary Care; Chronic Disease Prevention and Management; Mental Health and Addictions; and Seniors' Services.

Under this Call for Proposal, one-time funding of $732,157 was approved by the North West LHIN Board for 21 initiatives that addressed the four targeted IHSP priorities and met the stated evaluation criteria. The remaining $312,407 was provided as a 3% one-time, in-year funding increase to health service providers in the community support services and supportive housing sectors to address critical service pressures in the region and build upon the Aging at Home Strategy.

Photo courtesy of B. MacLeod

The North West LHIN continues to plan for the distribution of Urgent Priorities Funds in 2008/09, with a significant focus on initiatives that support the government's Emergency Room Strategy.

Unique Activities in the North West LHIN

The Northwest is in the lowest quartile (at 64.9%)[6] in Ontario for percentage of population in the labour force, with the unemployment rate in the northwest (9.6%) being considerably higher than the provincial rate (6.1%). Unemployment rates are especially low for those aged 15-24 in the northwest (18.0% vs. 12.9% for the province). These trends are expected to continue as resource-based industry is in decline across the region. The North West LHIN is currently engaged in a **research project** with the Centre for Rural and Northern Health Research at Lakehead University to determine the population health impact of the decline in the forestry industry. The results will be helpful in identifying general trends and, more specifically, communities at risk. The report also provides critical baseline data.

The North West has been described as a vast and magnificent land. To capture the beauty of the region and its people, the North West LHIN held a **photo contest** in late 2007. Over 500 entries were received from photographers throughout the region. Three winning pictures were selected from the entries and announced in December 2007. All photos entered in the contest can now be used by the LHIN in written reports, newsletters and other communication. This contest was an immense success as it generated excitement, the community became very engaged, and the LHIN acquired a supply of captivating local photographs for its use.

Establishing priorities is an important component of planning. The North West LHIN is moving to adopt a **priority-setting framework** that is designed to: help LHINs strategically align resources with system goals and community needs; facilitate constructive community engagement to address system goals and available resources; identify opportunities to improve integration and enhance services; and fulfil its public accountability for health system resources. Work on this initiative is well underway with consultants Dr. Craig Mitton (University of British Columbia) and Dr. Jennifer Gibson (University of Toronto).

The North West LHIN is moving to adopt a **system-wide balanced scorecard** for performance measurement. The scorecard has four quadrants including; stakeholder perspective, internal perspective, learning and growth, and financial. The scorecard provides a strategic map in setting objectives, goals and measures in alignment with the Mission, Vision and Values of the LHIN.

An important **collaborative effort in smoking cessation** is currently underway. Partners in the initiative, funded through the Ministry of Health Promotion are: the North West LHIN, the Thunder Bay District Health Unit, the Northwestern Health Unit and Dilico Anishinabek Family Health Team. The Registered Nurses Association of Ontario oversees the program, providing educational sessions and resources for participating public health nurses. This initiative supports efforts in the area of chronic disease prevention and management as smoking rates in the North West LHIN exceed the provincial average.

The North West LHIN is moving to adopt a system-wide balanced scorecard for performance measurement.

[6] LHIN Population Health Data, Prepared by MOHLTC Health Systems Intelligence Project (HSIP), July 1, 2005.

Our Performance

Schedule 10 of the Ministry-LHIN Accountability Agreement (MLAA) for 2007/08 sets out performance indicators for the local health system. By setting these targets, the LHIN and Ministry are working towards improving the local health system performance and supporting the achievement of provincial targets.

North West LHIN wait times at the 90th percentile for cataract surgery have been reduced from 413 days at March, 2007 to 252 days during February and March, 2008 and 146 for the month of April, 2008. There have also been reductions in wait times for hip and knee replacements and CT scans. Although there has been a slight increase in wait times for MRI scans, the North West LHIN's wait times in this area are still the lowest in the province. Wait times for cancer surgery remain well below the provincially set target. The North West LHIN is currently working with health service providers on a number of initiatives designed to reduce the wait times for placement to long-term care homes.

Other measures in the MLAA for which year end data are not yet available include: Readmission Rates for Acute Myocardial Infarction, Rate of Emergency Department Visits that could be Managed Elsewhere and Hospitalization Rate for Ambulatory Care Sensitive Conditions.

The following chart summarizes the North West LHIN's year-end results.

Indicator	Provincial Target	North West LHIN Baseline	North West LHIN Target Range	Year End Results
90th percentile wait times for cancer surgery	84 Days	46 Days	41 - 49 Days	49 Days
90th percentile wait times for cataract surgery	182 Days	413 Days	164 – 200 Days	252 Days
90th percentile wait times for hip replacement	182 Days	197 Days	177 – 217 Days	166 Days
90th percentile wait times for knee replacement	182 Days	251 Days	203 – 249 Days	232 Days
90th percentile wait times for diagnostic MRI scan	28 Days	77 Days	34 – 56 Days	80 Days
90th percentile wait times for diagnostic CT scan	28 Days	84 Days	63 - 105 Days	75 Days
Median wait times to Long-Term Care Home Placement	50 Days	107 Days	80 – 134 Days	154 Days

Financial Statements of

North West Local Health Integration Network

March 31, 2008

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Auditors' Report

To the Members of the Board of Directors of the
North West Local Health Integration Network

We have audited the statement of financial position of the North West Local Health Integration Network (the "LHIN") as at March 31, 2008 and the statements of financial activities, changes in net debt and cash flows for the year then ended. These financial statements are the responsibility of the LHIN's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the North West Local Health Integration Network as at March 31, 2008 and the results of its operations, its changes in its net debt and its cash flows for the year then ended, in accordance with Canadian generally accepted accounting principles.

Deloitte & Touche LLP

Chartered Accountants
Licensed Public Accountants
April 25, 2008

Member of
Deloitte Touche Tohmatsu

North West Local Health Integration Network

Statement of financial position
as at March 31, 2008

	2008	2007
	$	$
Financial assets		
Cash	**1,103,450**	401,935
Due from Ministry of Health and Long-Term Care ("MOHLTC") - Health Service Providers ("HSPs") transfer payments (Note 9)	**645,420**	-
Due from HSPs (Note 9)	**107,730**	-
	1,856,600	401,935
Liabilities		
Accounts payable and accrued liabilities	**706,549**	330,313
Due to HSPs (Note 9)	**753,150**	-
Due to the MOHLTC (Note 3b)	**388,136**	-
Due to the LHIN Shared Services Office (Note 4)	**8,765**	71,622
Deferred capital contributions (Note 5)	**333,886**	476,512
	2,190,486	878,447
Commitments (Note 6)		
Net debt	**(333,886)**	(476,512)
Non-financial assets		
Capital assets (Note 7)	**333,886**	476,512
Accumulated surplus	**-**	-

Approved by the Board

Director

Director

North West Local Health Integration Network

Statement of financial activities
year ended March 31, 2008

	Budget (unaudited) (Note 8)	2008 Actual	2007 Actual
	$	$	$
Revenue			
MOHLTC funding			
HSPs transfer payments (Note 9)	**513,131,700**	**519,403,649**	-
Operations of LHIN	**3,985,785**	**4,072,015**	2,746,016
E-Health (Note 10)	-	**275,000**	129,000
Aging at Home Strategy (Note 11)	-	**158,000**	-
Emergency Department ("ED") LHIN Lead (Note 12)	-	**37,500**	-
Ontario Wait-Time Strategy (Note 13)	-	**70,000**	-
Amortization of deferred capital contributions (Note 5)	-	**176,395**	165,138
	517,117,485	**524,192,559**	3,040,154
Expenses			
Transfer payments to HSPs (Note 9)	**513,131,700**	**519,403,649**	-
General and administrative (Note 14)	**3,985,785**	**4,015,733**	2,911,154
E-Health (Note 10)	-	**274,740**	129,000
Aging at Home Strategy (Note 11)	-	**9,599**	-
ED LHIN Lead (Note 12)	-	**30,702**	-
Ontario Wait-Time Strategy (Note 13)	-	**70,000**	-
	517,117,485	**523,804,423**	3,040,154
Annual surplus before funding repayable to the MOHLTC	-	**388,136**	-
Funding repayable to the MOHLTC (Note 3a)	-	**(388,136)**	-
Annual surplus	-	-	-
Opening accumulated surplus	-	-	-
Closing accumulated surplus	-	-	-

North West Local Health Integration Network

Statement of changes in net debt
year ended March 31, 2008

	2008	2007
	$	$
Annual surplus	-	-
Acquisition of capital assets	(33,769)	(62,932)
Amortization of capital assets	176,395	165,138
Decrease in net debt	142,626	102,206
Opening net debt	(476,512)	(578,718)
Closing net debt	**(333,886)**	(476,512)

North West Local Health Integration Network

Statement of cash flows
year ended March 31, 2008

	2008	2007
	$	$
Operating		
Annual surplus	-	-
Less items not affecting cash		
Amortization of capital assets	**176,395**	165,138
Amortization of deferred capital contributions (Note 5)	**(176,395)**	(165,138)
	-	-
Changes in non-cash operating items		
Increase in due from MOHLTC - HSPs transfer payments	**(645,420)**	-
Increase in due from HSPs	**(107,730)**	-
Increase in accounts payable and accrued liabilities	**376,236**	330,313
Increase in due to HSPs	**753,150**	-
Increase (decrease) in due to MOHLTC	**388,136**	(30,807)
(Decrease) increase in due to LHIN Shared Services Office	**(62,857)**	71,622
	701,515	371,128
Capital transactions		
Acquisition of capital assets	**(33,769)**	(62,932)
Financing		
Increase in deferred capital contributions (Note 5)	**33,769**	62,932
Net increase in cash	**701,515**	371,128
Cash, beginning of year	**401,935**	30,807
Cash, end of year	**1,103,450**	401,935

North West Local Health Integration Network

Notes to the financial statements
March 31, 2008

1. Description of business

The North West Local Health Integration Network was incorporated by Letters Patent on June 16, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the *Local Health System Integration Act, 2006* (the "Act") as the North West Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

The LHIN has also entered into an Accountability Agreement with the Ministry of Health and Long Term Care ("MOHLTC"), which provides the framework for LHIN accountabilities and activities.

Commencing April 1, 2007, all funding payments to LHIN managed health service providers in the LHIN geographic area, have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized Health Service Providers ("HSP") are expensed in the LHIN's financial statements for the year ended March 31, 2008.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers the Districts of Thunder Bay, Rainy River and most of Kenora. The LHIN enters into service accountability agreements with service providers.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian generally accepted accounting principles for governments as established by the Public Sector Accounting Board ("PSAB") of the Canadian Institute of Chartered Accountants ("CICA") and, where applicable, the recommendations of the Accounting Standards Board ("AcSB") of the CICA as interpreted by the Province of Ontario. Significant accounting policies adopted by the LHIN are as follows:

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, resources are consumed, and they are measurable.

Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of capital assets and losses in the value of assets.

2. Significant accounting policies (continued)

Ministry of Health and Long-Term Care Funding

The LHIN is funded solely by the Province of Ontario in accordance with the Ministry LHIN Accountability Agreement ("MLAA"), which describes budget arrangements established by the MOHLTC. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to HSPs, effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the LHIN. Throughout the fiscal year, the LHIN authorizes and notifies the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the HSP. The cash associated with the transfer payment does not flow through the LHIN bank account.

The LHIN statements do not include any Ministry managed programs.

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. In addition, certain amounts received are used to pay expenses for which the related services have yet to be performed. These amounts are recorded as payable to the MOHLTC at period end.

Deferred capital contributions

Any amounts received that are used to fund expenditures that are recorded as capital assets, are recorded as deferred capital contributions and are recognized over the useful life of the asset reflective of the provision of its services. The amount recorded under "revenue" in the Statement of Financial Activities, is in accordance with the amortization policy applied to the related capital asset recorded.

Capital assets

Capital assets are recorded at historical cost. Historical cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of capital assets. The cost of capital assets contributed is recorded at the estimated fair value on the date of contribution. Fair value of contributed capital assets is estimated using the cost of asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the capital asset would be recognized at nominal value.

Maintenance and repair costs are recognized as an expense when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a capital asset are capitalized. Computer software is recognized as an expense when incurred.

Capital assets are stated at cost less accumulated amortization. Capital assets are amortized over their estimated useful lives as follows:

Office furniture and fixtures	5 years straight-line method
Computer equipment	3 years straight-line method
Leasehold improvements	Life of lease straight-line method
Infrastructure/web development	3 years straight-line method

For assets acquired or brought into use during the year, amortization is calculated for a full year.

2. Significant accounting policies (continued)

Use of estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

3. Funding repayable to the MOHLTC

In accordance with the MLAA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC.

A. The amount repayable to the MOHLTC related to the current year activities is made up of the following components:

	Revenue	Expenses	Surplus
	$	$	$
Transfer payments to HSPs	**519,403,649**	**519,403,649**	-
LHIN operations	**4,248,410**	**4,015,733**	**232,677**
E-Health	**275,000**	**274,740**	**260**
Aging at Home	**158,000**	**9,599**	**148,401**
ED LHIN Lead	**37,500**	**30,702**	**6,798**
Ontario Wait-Time Strategy	**70,000**	**70,000**	-
	524,192,559	**523,804,423**	**388,136**

B. The amount due to the MOHLTC at March 31 is made up as follows:

	2008	2007
	$	$
Due to MOHLTC, beginning of year	-	-
Funding repayable to the MOHLTC related to current year activities (Note 3a)	**388,136**	-
Due to MOHLTC, end of year	**388,136**	-

4. Related party transactions

The LHIN Shared Services Office (the "LSSO") is a division of the Toronto Central LHIN and is subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO, on behalf of the LHINs is responsible for providing services to all LHINs. The full costs of providing these services are billed to all the LHINs on an equal basis. Any portion of the LSSO operating costs overpaid (or not paid) by the LHIN at the year end are recorded as a receivable (payable) to the LSSO. This is all done pursuant to the shared service agreement the LSSO has with all LHINs.

North West Local Health Integration Network

Notes to the financial statements
March 31, 2008

5. Deferred capital contributions

	2008	2007
	$	$
Balance, beginning of year	**476,512**	578,718
Capital contributions received during the year	**33,769**	62,932
Amortization for the year	**(176,395)**	(165,138)
Balance, end of year	**333,886**	476,512

6. Commitments

The LHIN has commitments under various operating leases related to building and equipment. Lease renewals are likely. Minimum lease payments due in each of the next three years as follows:

	$
2009	191,777
2010	184,975
2011	45,261
	422,013

The LHIN also has funding commitments to HSPs associated with accountability agreements. Minimum commitments to HSPs relate to the next two years, based on the current accountability agreements and are as follows:

	$
2009	65,344,100
2010	66,651,100

7. Capital assets

			2008	2007
	Cost	Accumulated amortization	Net book value	Net book value
	$	$	$	$
Office furniture and fixtures	**237,865**	**141,941**	**95,924**	143,497
Computer equipment	**69,022**	**37,010**	**32,012**	28,004
Leasehold improvements	**489,420**	**293,652**	**195,768**	293,652
Web development	**23,792**	**13,610**	**10,182**	11,359
	820,099	**486,213**	**333,886**	476,512

North West Local Health Integration Network

Notes to the financial statements
March 31, 2008

8. Budget figures

The budgets were approved by the Government of Ontario. The budget figures reported on the Statement of Financial Activities reflect the initial budget. The figures have been reported for the purposes of these statements to comply with PSAB reporting principles. During the year the government approves budget adjustments. The following reflects the adjustments for the LHIN during the year:

The total HSP funding budget of $519,403,649 is made up of the following:

	$
Initial budget	**513,131,700**
Adjustment due to announcements made during the year	**6,271,949**
Total budget	**519,403,649**

The total LHIN budget of $4,686,285 is made up of the following:

	$
Initial budget	**3,985,785**
Additional funding received during the year	
E-Health	**275,000**
Aging at Home Stratey	**158,000**
ED LHIN Lead	**37,500**
Ontario Wait-Time Strategy	**70,000**
Aboriginal Community Engagement	**160,000**
Total budget	**4,686,285**

9. Transfer payments to HSPs

The LHIN has authorization to allocate funding of $519,403,649 to the various HSPs in its geographic area. The LHIN approved transfer payments to the various sectors in 2008 as follows:

	$
Operation of hospitals	**370,660,496**
Grants to compensate for municipal taxation - public hospitals	**104,250**
Long term care homes	**53,149,625**
Community care access centres	**33,849,253**
Community support services	**11,642,383**
Assisted living services in supportive housing	**4,210,806**
Community health centres	**6,557,455**
Community mental health program	**28,133,615**
Addictions program	**11,095,766**
	519,403,649

The LHIN receives money from the MOHLTC which in turns allocates it to the HSPs. As at March 31, 2008, an amount of $645,420 was receivable from the MOHLTC, $107,730 was recoverable from HSPs and $753,150 was payable to the HSPs. These amounts have been reflected as revenue and expenses with the LHIN's financial activities and are included above. The LHIN did not authorize any funding to HSPs in 2007.

10. E-Health

The E-Health office of the Ministry of Health and Long-Term Care provided $275,000 to the LHIN (2007 - $129,000). The LHIN had a contract and retained the services of the Group Health Centre (the "GHC") during 2008. The GHC provided services and deliverables as described in the contract. In return, the LHIN agreed to reimburse the GHC for expenses incurred during the performance of this work. During the year, $274,740 (2007 - $129,000) of expenses were incurred.

11. Aging at Home Strategy

The Ministry of Health and Long-Term Care provided $158,000 in funding in 2008 to assist with implementation planning for the Aging at Home Strategy. During the year, $9,599 of expenses were incurred.

12. Emergency Department LHIN Lead

The ED LHIN Lead Agreement spans 12 months over two fiscal years (2008 and 2009) with a total one-time compensation package in the amount of $75,000. The prorated funding allocation for fiscal year 2008 was $37,500 and covered the period of October 1, 2007 to March 31, 2008. The funding allocation for 2009 will cover the remaining 6 months commencing April 1, 2008 to September 30, 2008. During the year, $30,702 of expenses were incurred.

13. Ontario Wait-Time Strategy

The Ministry of Health and Long-Term Care provided $70,000 in one-time funding in the 2008 fiscal year to support wait list management activities within the LHIN. This funding supports Ontario's Wait-Time Strategy, which includes the development of a comprehensive system to monitor wait times and help ensure that Ontarians receive timely and appropriate access to five key services. During the year, $70,000 of expenses were incurred.

14. General and administrative expenses

The Statement of Financial Activities presents the expenses by function, the following classifies these same expenses by object:

	2008	2007
	$	$
Salaries and benefits	**2,068,882**	1,172,799
Occupancy	**192,788**	173,880
Amortization	**176,395**	165,138
Equipment and maintenance	**66,209**	81,439
Shared services	**300,000**	290,276
Public relations and community forums	**49,161**	64,055
Professional fees	**14,000**	13,416
Staff travel	**224,032**	111,672
Staff development and recruitment	**189,815**	69,488
Consulting services	**219,049**	350,536
Supplies, printing and office	**95,828**	153,575
Board member per diems	**121,775**	107,499
Board member expenses	**105,823**	99,693
Mail, courier and telecommunications	**73,534**	56,458
Aboriginal Community Engagement	**118,442**	-
Other	-	1,230
	4,015,733	2,911,154

15. Pension agreements

The LHIN makes contributions to the Hospitals of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 22 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2008 was $170,391 (2007 - $85,174) for current service costs and is included as an expense in the Statement of Financial Activities. The last actuarial valuation was completed for the plan in December 31, 2006. At this time, the plan was slightly under funded.

16. Guarantees

The LHIN is subject to the provisions of the *Financial Administration Act*. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favour of third parties, except in accordance with the *Financial Administration Act* and the related Indemnification Directive.

An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the *Local Health System Integration Act, 2006* and in accordance with s. 28 of the *Financial Administration Act*.

North West Local Health Integration Network

Notes to the financial statements

March 31, 2008

17. Segment disclosures

The LHIN was required to adopt Section PS 2700 - Segment Disclosures, for the fiscal year beginning April 1, 2007. A segment is defined as a distinguishable activity or group of activities for which it is appropriate to separately report financial information. Management has determined that existing disclosures in the Statement of Financial Activities and within the related notes for both the prior and current year sufficiently discloses information of all appropriate segments and therefore no additional disclosure is required.

North West Local Health Integration Network

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